[Music]

Female VO:
The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can and do recover. Today's program is *The Road to Recovery 2016: Preventing and Addressing Suicide: Everyone Plays a Role.*

Ivette:
Hello, I'm Ivette Torres and welcome to another edition of the Road to Recovery. Today we'll be talking about preventing and addressing suicide, how everyone can play a role. Joining us in our panel today are: Dr. Polly Gipson, Clinical Assistant Professor at the University of Michigan, Ann Arbor, Michigan; Amelia Lehto, Resource and Crisis Helpline Coordinator - Suicide Prevention at Common Ground, Bloomfield Hills, Michigan; Dr. Jack Jordan, private practice in Pawtucket, Rhode Island, Clinical Consultant for Grief Support Services of the Samaritans, Boston, Mass; Eileen Zeller, Lead Public Health Advisor for Suicide Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland. Jack, why is it important to address suicide in this country?

Jack:
Suicide is a major public health issue. Not only is there the loss of life of people who die by suicide but as a grief counselor who works with people after a suicide with families and individuals, it leaves a tremendous amount of what a client of mine once called the collateral damage in the wake of the suicide. So it has a tremendous public health impact.

Ivette:
Eileen, how many people more or less die each year by suicide?

Eileen:
So in 2014, which is the latest year that we have the statistics for, 42,700 people died by suicide. We know that's an undercount. We also know that more people die by suicide in this country than die in automobile accidents and that for every one person who dies by homicide, two people die by suicide. Most people don't realize that and I'm guessing that most people who are watching this program in some ways have had their lives touched by suicide.

Ivette:
Amelia, talk to me about the nexus between substance use disorder, mental health and suicide.

Amelia:
A lot of people are familiar with suicide as it's related to depression. Most people associate the two hand in hand. But that extends beyond with substance use and the rates of suicide go up when substance use is in effect with an individual. It's a concern that they're having and it's often a co-occurring disorder with an underlying mental health condition or a trauma that they've experienced in their life. So it's a very serious concern when somebody is using substances and to look beyond just the bottle that they're drinking out of.

Ivette:
There's also, I suspect, Jack, some issues related to prejudice and discrimination related to suicide both for individuals and loved ones. Do you want to talk a little bit about that?

Jack:
Sure. Historically, particularly in western societies there's been a great deal of stigma since the middle ages really around suicide. In the middle ages, literally the body was taken out and drawn and quartered and shown as a public example but the family was punished also, often run out of the community, weren't allowed to inherit the estate of the deceased. The residuals of that stigma is still alive and well. It's gradually changing I think but survivor families and people who make attempts face an enormous amount of stigma and mainly ignorance-driven I think.

Ivette:
Eileen.

Eileen:
If you're struggling with any kind of depression, mental illness, you may be very reluctant to talk about it. There is a feeling of shame about that that we're really working to make it disappear. And as more and more people who have different kinds of mental illnesses are willing to stand up and say, yeah, I've got depression, yeah, I've got Bi-Polar Disorder, and I'm taking my medications and sometimes it's a struggle but it's all good, that's really helpful.

Ivette:
Jack.

Jack:
In my opinion, the biggest cultural, social cultural barrier we have to suicide prevention is the taboo about talking about both feeling suicidal and talking about psychiatric disorder. That's what stands in the way really of bringing down the suicide rate in the United States is the taboo about being able to talk about it and to seek help for yourself.

Ivette:
But, Jack, how do we break that taboo? What can be done to break that taboo?

Jack:
There's a survivor-driven—by survivor I mean people who are bereaved by suicide-driven movement and now there's a movement, people who have attempted suicide with that lived experience who are saying this happened to me, I'm a real person and I'm gonna talk about it, I'm not gonna hide it.

Ivette:
Polly.

Polly:
The American Association of Suicidology, the attempt survivors have joined and they are having a community within this organization and helping as to really think about ways for them to have their voices heard, to share their lived experience, and that's just in terms of the cultural change, that's one example of how this has happened.

Ivette:
That's excellent. I want to come back to you but right now we have to take a break and we'll be right back.

[Drumming]

Female VO:
Staying on course without support is tough. With help from family and community, you get valuable support for recovery from a mental or substance use disorder. Join the voices for recovery, visible, vocal, valuable!

Male VO:
For confidential information on mental and substance use disorders, including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Female VO:
Ivette Torres.

Ivette:
Welcome back. Polly, I want to talk a little bit more about what you were mentioning about the association where people can get access to some resources and what exactly should individuals who call or access that organization should expect.

Polly:
Sure. Well, I was just highlighting the American Association of Suicidology as one such example. So what we know is it's important for people who are in the community and so in this case attempt survivors to have a voice and to be able to join together with their own community of attempt survivors. And so within AAS there is a division now for attempt survivors and I think that's very important so that it's not just this perception of researchers or clinicians or even crisis line workers that have all the answers but that we are talking with them about their lived experience and we're collaborating and thinking together about how to prevent suicides.

Ivette:
Jack, what are some of the research-based practices to support people who have attempted suicide?

Jack:
There are evidenced-based programs now that range from peer-to-peer kinds of support that I think Polly was referring to. Probably the best study has been cognitive behavioral treatments but there's a new approach called the CAMS approach, Collaborative Assessment and Management of Suicidality from David Jobes which is a more relationally-focused treatment approach. So there are treatment approaches that are being studied; not nearly enough.

Ivette:
Very good. Eileen, SAMSHA has a tremendous amount of resources right now related to suicide prevention and I know one of them in particular, a Journey Towards Health and Hope is one that is very attractive to individuals looking for more information.

Eileen:
Right. So Journey Toward Health and Hope is a booklet written for people who have attempted suicide, especially those who have really just attempted suicide. What do they do, where do they go, and the purpose of the manual is to give them hope, to help them keep themselves safe, and to help them understand that they are not alone, that other people have gone through this before, they've come out stronger, healthier, happier. It's a wonderful manual and you can download it on the SAMSHA website.

Ivette:
And what other resources does SAMSHA have?

Eileen:
Many, many. So one that everyone needs to know about is the National Suicide Prevention Lifeline that is actually a network of more than 160 different independently funded crisis lines of which yours is one, and you can call 24/7.

You will be directed to the crisis center that is closest to you geographically and you will talk to a trained counselor about anything you like.

Ivette:
Jack.

Jack:
Eileen, do you want to mention the Veterans line also?

Eileen:
Absolutely. When you call the National Suicide Prevention Lifeline, there is a greeting and it tells you that if you are a Veteran or military service member or calling about one, to press 1 and you will be connected to the Veterans crisis line in Canandaigua, New York.

Ivette:
I want to come back to that because I think there's room for us to talk about specific issues related to different groups. We'll be right back.

[Music]

Female VO:
The Sacred Bundle Project is a youth suicide prevention program of American Indian Health & Family Services of Southeastern Michigan. The program aims to promote the mental and spiritual wellbeing of community members and to reach out to at-risk groups in the southeastern Detroit area. Another goal is to equip members of the community, as well as those that community members come into contact with, to actively participate in suicide prevention efforts.
Ashley Tuomi. CEO, American Indian Health & Family Services, Detroit, Michigan.

Ashley:
American Indian Health and Family Services was founded in 1978. Within the 7 county service area we actually serve about 47,000 Native Americans potentially according to the last census. We have our medical services which is our basic family practice; we also have our behavioral health which does our outpatient mental health and substance abuse treatment and we also have a lot of other ancillary services like exercise and nutrition, we have our youth program, a lot of cultural programs and other things to really complement our medical and behavioral health services. Our Sacred Bundle project is kind of twofold project addressing suicide in our community and preventing suicide from increasing in our community through trainings and training gatekeepers to provide services as well as reaching out and doing our own screenings as well.

Female VO:
Karen Marshall. Outreach & Training Coordinator, Sacred Bundle Project
American Indian Health & Family Services, Detroit, Michigan.

Karen:
What we know here in the US is the rate of deaths, the number of suicides per 100,000 population for Native Americans ages 8-24 is the highest racial ethnic group that there is in the country. The Sacred Bundle program is really unique in that we are truly a community based project because we are located in an urban area and we see Native Americans from probably 30 different tribes who have settled in this area, and need to be hooked back into their culture, in that way we are serving them by providing culture to them, traditions, things they might have missed out on.

Female VO:
Ashley Tuomi.

Ashley:
We really value that integration of culture into care and following the medicine wheel and the importance of addressing the spiritual and cultural needs of an individual to promote healing and to keep them in the right place with their minds and their bodies at the same time.

Female VO:
Karen Marshall.

Karen:
We provide outreach in terms of making sure people know that culturally appropriate healthcare and behavioral healthcare are available here at the agency, we also do screenings of youth ages 10-24, we screen for depression, thoughts of suicide and substance use. We offer counseling services and other referral services for youth who might need that.

Female VO:
Ashley Tuomi.

Ashley:
But we are also training gatekeepers in the community and I think that's a really big aspect of our program. We realize there's only so many of us and that we truly can't reach those 47,000 natives in the area and so we really have to rely on the community to provide these services and we have to give them the tools that they need to help us.

Female VO:
Elizabeth Kincaid-Fried. System of Care Community Liason
American Indian Health & Family Services, Detroit, Michigan

Elizabeth:
Landing here at the agency I found this wholeness because the approach is not just to the emotional or behavioral but the physical and the spiritual and I think that is treating or attending to the whole person and that is not something that… it's very unique, you're not going to find that anywhere else.

Female VO:
Karen Marshall.

Karen:
The work that we do sometimes feels like we can't do enough but we're seeing communities now take this on and really want to make a change and that makes it all worthwhile.

[Music]

Female VO:
Ivette Torres.

Ivette:
Welcome back. Polly, you work with youth. Is that a group that is more highly vulnerable regarding this issue?

Polly:
Yes, it is. So unfortunately we know that adolescence in and of itself can be a developmental period that can place someone at higher risk because if you think about it in adolescence there's so much change and transition and there's just a lot going on. But within adolescence we also know that there are special populations. So, for instance, LGBTQ, so that is youth who maybe identify as lesbian, gay, questioning or even transgender, that that is a group within adolescence that also can be at elevated risk for suicide. But the one thing that I want to make sure that our viewers understand is suicide is very sneaky and elusive and so we don't want to give the impression that there's one answer or there's one risk factor. There's a myriad of risk factors and we're trying from a research perspective to understand them and to understand how they may work in combination. So what I really want people to know is just to be on the lookout for changes.

Ivette:
Eileen, Let's go back to the Veterans group because you mentioned a resource but you really didn't talk about the idiosyncrasies of what makes them so vulnerable.

Eileen:
So what you have is that this population is primarily men who are at highest risk. They have access to lethal means, which is really important and something that we haven't touched upon yet. Many of them have weapons at home. It's a part of their lives and we don't want to take that away from people but in the same way that we would want to take keys away from someone who is drunk and shouldn't be driving, we would like to be able to have the weapon given to a close friend whom they can trust until they're no longer suicidal.

Ivette:
Amelia, we also have the fact that many members of the military, active and when they're no longer active members, also suffer from posttraumatic stress, and I suspect that you get many calls sometimes from said individuals.

Amelia:
Yeah. Posttraumatic stress can be a huge factor for individuals. It overwhelms the coping systems, what they've seen, what they've experienced, what they've heard, what they've felt, and it is hard for a person internally to process what has happened within them. So we encourage those to reach out to seek the professional help to find the right fit in your mental healthcare to address those concerns and that's something that we can do on our crisis line, share the local referrals of the specialists that provide it, share the access to community mental healthcare, to see what their eligibility is, helping them obtain access to that care and addressing the real root concerns. And we also know that Veterans, they talk to each other. They are very peer driven, they are very supportive in their experiences and what they've been through and how they view the world, and we refer to many Veteran organizations in our local area and the Veterans Crisis Line does as well. I believe they have peers working on the lines, those that have served in the military and that's what really works.

Ivette:
Which brings us to another point, Polly. We've talked about people who have the courage and the fortitude to call a crisis help line to get assistance. What particularly in the young people, what clues do parents or caretakers or friends need to know and look out for in order to intervene and work with someone who's thinking of suicide?

Polly:
Yeah, that's a great question. On the SAMSHA website they use an excellent acronym; Is The Path Warm. And it's a great way for anyone, like you're saying, who might be concerned for a young person to really look for these warning signs. So hopefully we'll put that up so that people can—so it looks at things like purposelessness and hopelessness and impulsivity. So it really breaks down some warning signs and symptoms that a young person may be suicidal. But what I always encourage people to do is just to be on the lookout for changes. Oftentimes that can be our best indicator. We don't know which way the

changes are always going to come. They might be in behaviors, they might be in emotions.

Ivette:
And, Polly, that's very interesting and we'll continue that thought when we come back. We'll be right back.

[Music]

Male VO:
It takes many hands to build a healthy life. Recovery from mental and substance use disorders is possible with the support of my community. Join the voices for recovery: visible, vocal, valuable!

Female VO:
For confidential information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Female VO:
Ivette Torres.

Ivette:
Welcome back. Eileen, Polly was mentioning some resources of SAMSHA and you, in the break, mentioned some others. Do you want to enlighten us?

Eileen:
Yes. So in terms of the warning signs for youth and for adults also, we do have a lifeline wallet card that lists the warning signs that you're talking about.

Ivette:
Why don't you go through them?

Eileen:
Well, there are about eleven of them but the three most important are talking about death or dying, writing about death or dying, and having a plan. So talking about how you would do it.

Ivette:
Jack, you were talking previously about the vulnerability of those that have attempted suicide.

Jack:
Well, not just attempted suicide but also people exposed to the suicide of someone important to them. There's really pretty compelling evidence now that exposure to suicide increases risk for suicide in the person exposed. People

often ask me, you know, my husband killed himself, does this mean my children are at risk? Something like that. Or my sibling did, am I at risk? The answer is on a statistical basis, yes, you're at risk possibility profile has gone up a bit but it's also I want people to understand that there in no way are families doomed if there's been one suicide to have more suicides. It's a little bit analogous to if you had breast cancer running in a family, you would want the women to be educated about what the warning signs are, to be more proactive about monitoring their health and getting regular checkups. I think it's the same when suicide happens in a family is that people need to educate themselves about what contributes to suicide, be a little bit more vigilant but not to be terrified about it.

Ivette:
Amelia.

Amelia:
I would like people to know that it's okay to ask about suicide clearly and directly in the language that's most comfortable to you. Are you thinking about suicide? Are you thinking of killing yourself? Sometimes when people are experiencing this, they're thinking about suicide is that what's happening for you, and to know that they're not planting a seed. That if there's an inkling that there's a feeling there already, that it's okay to address it out in the open, as terrifying as that is. And as Eileen shared, the National Suicide Prevention Lifeline, we've talked with family members in practice and kind of role played the conversation that they may have with an individual, or to let them know what options they have as far as talking within themselves, sharing our number, calling on a three-way call or having us do a cold call and say someone is concerned about you, they shared that they believe you're suicidal, would you be open to talking with me? And nine out of ten times people will talk with us.

Eileen:
It's a relief to be able to talk about it.

Ivette:
Eileen? Where can people go to be trained?

Eileen:
The Suicide Prevention Resource Center has a program called AMSR. They can get training themselves in CBT, DBT.

Ivette:
What is CBT, DBT?

Eileen:
Sorry. Those are the initials that I should've spelled out. Those are the kinds of clinical practices for which there is an evidence base. So clinicians can go online for that. We have at SAMSHA an app called Suicide Safe which is both for

primary care physicians and also for behavioral health providers. It teaches you how to do risk assessment, it has case studies, it has resources, patient resources and conversation starters. There are a number of areas where clinicians can get help.

Jack:
There are also programs that have been around a long time and are very effective that help train the general public and caregivers, Assist, QPR. These are programs that train people how to ask correctly and in a safe way someone that you're concerned about being suicidal, and those are available for people to get those trainings.

Ivette:
Very good. So now we come to one of the more interesting parts of the program where I ask you to give me some final thoughts and I'm gonna start with you, Polly. Final thoughts.

Polly:
You know, first of all, I just want to say that it's very important and I appreciate the opportunity to have had this time to talk about this major public health concern and I think Eileen actually said it best in terms of my final thought which is to really listen to your gut and, you know, if you have any type of feeling or any type of concern regardless of who you are, like we said, because oftentimes someone else is going to recognize the warning sign or the symptom, to act on that. And the best way to act on it is to ask the youth. It's a myth to think if you ask them, you're going to implant an idea, you're going to make them suicidal. Ask them. It's okay.

Ivette:
Very good. Jack.

Jack:
Since I'm primarily a grief therapist, grief counselor, I want to say something to people who are bereaved by suicide which is that this can feel like an extraordinarily painful and devastating—not feel like—it is an extraordinarily devastating and painful experience, but I've worked with enough survivors over the course of my career to understand that people also can heal from it and in fact many people I know who are survivors, who are bereaved by suicide, have gone on to become activists. They now are very engaged in suicide prevention work or reaching out to help other survivors. So there are resources also for people who are bereaved by suicide. The American Foundation for Suicide Prevention has resources, the American Association of Suicidology has resources at their websites.

Ivette:
Very good. Amelia.

Amelia:
I want people to know that it's okay to talk about, it's okay to discuss it, to research information. Too oftentimes we experience a traumatic loss and we don't know where to find ourselves and we don't realize that there are resources available. It is okay to educate yourselves, to seek out information, look at the person as a whole, all of their environmental concerns and know that there's resources, to share those resources with others, start those uncomfortable conversations because they will start to feel comfortable.

Ivette:
Very good. Eileen.

Eileen:
What a great panel. I want people to know that there is hope out there and that things are changing. So there is national action lines for suicide prevention that started in 2010. It is a public private partnership. They are doing amazing work in moving the field forward. SAMSHA has a number of resources. We've talked about Lifeline, the Suicide Prevention Resource Center has one of the best websites out there for pretty much anything you want to know about suicide. We have Garrett Lee Smith Suicide Prevention programs for states, for tribes, for campuses. Go on our website, learn more about it. There are people out there. You are not alone. There is hope, there is help and we're just moving forward.

Ivette:
Very good. Well, we want to thank you for being here, and remind our audience that September is National Recovery Month but actually we celebrate it all year round. You can get more information at recoverymonth.gov and go there to find information on how to develop events, activities where we can continue to talk about substance use disorders and mental health issues that affect our country and to celebrate those that are in recovery. Thank you so much for being here. It's been a great show.

[Music]

Male VO:
To download and watch this program, or other programs in the Road to Recovery series, visit the website at recoverymonth.gov.

[Music]

Female VO:
Every September, ***National Recovery Month*** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan

events and activities in commemoration of this year's ***Recovery Month*** observance, the free online ***Recovery Month*** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's ***Recovery Month*** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the ***Recovery Month*** website at recoverymonth.gov, or call 1-800-662-HELP.

[Music]

End.